

Alexander Sorokurs

File
Number

Nevada
Business
License
Number

Date of Birth /1955

Public Address

Street 1024 Oxford Ave

Address
Line 2 None

City Marina Del Rey

State California

Postal
Code 90292

Mailing Address

Street

Address
Line 2

City

Employer Addresses

No active employers.

Licensure

License Type: Medical Doctor
License Number: 8015
Status: Suspended-Non Pay

License Type: Medical Doctor
License Number: 10358
Status: Suspended-Non Pay

State

Postal
Code

Telephone

E-mail
Address

Demographic Details

First Name

Alexander

Middle Name

Last Name *

Sorokurs

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

Do you have a Nevada Business License in your individual name?

Yes No


Nevada BIN

Historical File Number

Gender

Male 

Date of Birth

1955 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance



Contact Information

Primary Phone

#

Primary Phone Extension

Primary E-mail Address



Cell Phone



#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to

Fax

#

Public Address

Street Address

Address Line 2

City

ZIP / Postal Code

State / Province

Country

County

Los Angeles

Is your physical address different from your mailing address?

Yes No

Public Phone

310-622-5369

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *


 

Application Number

License Issued?

Yes No

Application Status

Assigned To


Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By


 

Expected Issue Date


Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details

Application Type

Application Date *


Submitted Date


Application Step

#

Reviewed Date


Decision Date

Approved Date

Expiration Date

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Are you the spouse of an active duty member or surviving spouse of a veteran?

Yes No

Invoices

Application Invoice

- Paid in Full	
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Licensure Invoice

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Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

Is Simultaneous Application

Yes No

Application Payment Date

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Licensure Payment Date

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I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

Child Support Attestation Type

Not subject to a court order	
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I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

Board Certifications


Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
Sorokurs, Alexander N/A	American Board	N/A	Anesthesiology	Oct-01-1999	N/A

Board Certification Details


Licensee / Applicant

Specialty


 

Certifying Board


 

Other Certifying Board

Initial Certification Date

Recertification Date


Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Activities


Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Alexander Sorokurs	Southern California Hospital	May-02-2003	Mar-02-2025	60

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *


60

Application


Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
1	Alexander Sorokurs	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
2	Alexander Sorokurs	MD, PA – Q2 – Medical Condition Field of Practice	No	
3	Alexander Sorokurs	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
4	Alexander Sorokurs	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
5	Alexander Sorokurs	ALL – Q5 – Named Defendant Respond to Legal Action	No	
6	Alexander Sorokurs	ALL – Q6 – Malpractice Claim Paid	Yes	
7	Alexander Sorokurs	ALL – Q7 – Arrest Question	No	
8	Alexander Sorokurs	MD, Previously applied for licensure in Nevada.	No	
9	Alexander Sorokurs	MD – Investigation Disciplinary during Training Program	No	
10	Alexander Sorokurs	MD – Q8 – Denied License / Permission to Practice Medicine	No	
11	Alexander Sorokurs	MD – Q9 – Medical License Revoked	No	
12	Alexander Sorokurs	MD – Q11 – Voluntarily Surrendered a License	No	
13	Alexander Sorokurs	MD – Q12 – Denied Membership	No	
14	Alexander Sorokurs	MD – Q13 – Investigation – Respond To/Notify Of	No	
15	Alexander Sorokurs	MD, PA – Q10 – Controlled Substance Registration	No	
16	Alexander Sorokurs	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	

Declaration

Licensee/Applicant

Sorokurs, Alexander N/A	▼	
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Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	
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Answer

Yes No

Answer Details

Ordinal


#	6
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Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application

Application -	- Sorokurs, Alexander N/A	
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Renewal

	▼	
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Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Sorokurs, Alexander N/A	Medical School	First Leningrad I.P. Pavlov Medical Institute	Medical Doctor Degree	Sep-01-1972	Jul-01-1978	Jun-28-1978

Education Details

Licensee/Applicant *


Address

City

State / Province

Zip / Postal Code


Country

Application


 

Specialty Type

Name of School

Education Type


Degree Attained

Date From


Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
Sorokurs, Alexander N/A	Federation Licensing Examination (FLEX)	Jun-01-1992
Sorokurs, Alexander N/A	ECFMG	Jul-17-1992

Examination Details

Licensee / Applicant *

Sorokurs, Alexander N/A 


Attended Date

Jun-01-1992 

Number of Attempts

#

Application


Application - - Sorokurs, Alexander N/A 

Location

Result

82/78

Examination Type



Other Exam

Are you currently certified?


Yes No

Steps


Comp 1/Comp 2

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *

Sorokurs, Alexander N/A 

Attended Date


Jul-17-1992 

Number of Attempts

#

1


Application

Application - - Sorokurs, Alexander N/A 

Location

Result

Examination Type

ECFMG 

Other Exam

Are you currently certified?

Yes No


Steps

Certificate Number

Exam Date



Expiration Date



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Sorokurs, Alexander N/A	A-54193	N/A	May-10-1995	May-31-2027	California
Sorokurs, Alexander N/A	10358	N/A	Nov-20-2002	Jun-30-2007	Nevada
Sorokurs, Alexander N/A	8015	N/A	Oct-24-1996	Jun-30-1997	Nevada

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant


 

Licensing Board or Regulatory Authority


License Number

State / Province

Country


Application

License Type

License Status

Issue Date


Expiration Date

Notes

Other License Details

Licensee/Applicant


 

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date


Notes

Postgraduate Training



Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type
Sorokurs, Alexander N/A	Los Angeles County/University of Southern California Medical Center Program	Internal Medicine	Jun-24-1993	Jun-23-1994	Internship
Sorokurs, Alexander N/A	Los Angeles County/University of Southern California Medical Center Program	Anesthesiology	Jul-01-1994	Jun-30-1997	Residency

Postgraduate Training Details


Licensee / Applicant *

Program Type *


  

Date From


Name of School or Institution

Specialty Type


  

Other (Specialty)

Training Status *



  

Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City

State / Province

County

Zip / Postal Code



Country


Street Address 1

Postgraduate Training Details


Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *



  

Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City



State / Province

County

Zip / Postal Code

Country


Street Address 1

Specialties


Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date	▼ End Date
Sorokurs, Alexander N/A	Anesthesiology	Yes	Jul-01-1997	N/A

Specialty Details


Licensee / Applicant *

Effective Date

Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

